

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 1: GRADE table for any web-based-based intervention

Patient or population: Caregivers
Intervention: Web-based interventions
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based interventions			
Change in Caregiver Burden	-	SMD 0.03 SD higher (0.31 lower to 0.36 higher)	279 (5 RCTs) ^a	⊕○○○ VERY LOW <small>b,c,d</small>	
				Assessed using 22-item Zarit Burden Interview (range: 0-88) in 3 studies, Caregiver Quality of Life – Cancer Scale (CQOLC) Burden Subscale (10 Likert-type items) in one and 1- item scale in one study.	

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Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based interventions			
Change in Self-efficacy / Mastery	-	SMD 0.36 SD higher (0.11 higher to 0.62 higher)	615 (9 RCTs) ^e ⊕⊕○○ LOW ^{b,c}	Assessed using Short Sense of Competence Questionnaire, Revised Scale for Caregiving Self-Efficacy, Pearlin Mastery Scale, Caregiver Competence Scale & General Self-Efficacy scale.	
Change in Life satisfaction	-	SMD 0.17 SD lower (0.39 lower to 0.04 higher)	335 (3 RCTs) ^f	⊕○○○ VERY LOW ^{b,c,g}	Assessed using 5-item Satisfaction with Life Scale (range: 1-35) in two studies and 6-item Revised Caregiving Satisfaction Scale (range: 0-30) in one study.

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Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based interventions			
Change in Self-esteem	-	SMD 0.85 SD higher (0.12 higher to 1.57 higher) 32 (1 RCT) ^h	⊕○○○ VERY LOW ⁱ	Assessed using 10-item Rosenberg Self-Esteem Scale, Scores may range from 10 to 4. Higher scores indicated greater self-esteem.	
Change in Caregiver Strain	-	SMD 0.32 SD lower (0.54 lower to 0.09 lower)	299 (1 RCT) ⁱ ⊕⊕⊕○ MODERATE ^b	Assessed using Caregiver Strain Instrument, 14 self-report questions on a 5-point Likert scale, with answers ranging from 5 (strongly agree) to 0 (strongly disagree).	

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	Risk with Control	Risk with web-based interventions			
<p>SMD 0.1 SD lower (0.66 lower to 0.45 higher) 152 (2 RCTs) ⊕○○○ VERY LOW ^{b,c,d}Change in Social support</p> <p>Assesses using 24-item Revised Memory and Behavior Problems Checklist (RMBPC, range; 0-96), CGs rate on a 5-point scale (0 = not at all; 4 = extremely) how much it 'bothered/upset' them.</p>	-	SMD 0.38 SD lower (1.12 lower to 0.35 higher)	64 (2 RCTs) ^k	⊕○○○ VERY LOW _{b,d}	Assessed using 6-item Lubben Social Network Scale (range: 5 to 11) in one study and 11-item Medical Outcomes Study Social Support Survey (range: 9 to 30) in the other study. Higher scores are better.
<p>*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).</p> <p>CI: Confidence interval; SMD: Standardised mean difference -</p> <p>Change in Reaction to problem behavior</p>					

GRADE Working Group grades of evidence

- High quality:** We are very confident that the true effect lies close to that of the estimate of the effect
- Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
- Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
- Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

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Intervention: Web-based interventions

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	Risk with Control	Risk with web-based interventions			

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Interventions	Control	Absolute (95% CI)		
Change in Caregiver Burden											
5 ^a	randomised trials	serious ^b not serious	serious ^c	very serious ^d	none	132	147	SMD 0.03 SD higher (0.31 lower to 0.36 higher)	⊕○○○ VERY LOW	CRITICAL	
Change in Self-efficacy / Mastery											
9 ^e	randomised trials	serious ^b	not serious	serious ^c	not serious	none	306	309 SMD 0.36 SD higher (0.11 higher to 0.62 higher)	⊕⊕○○ LOW	CRITICAL	
Change in Life satisfaction											

[illegible]

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Interventions	Control	Absolute (95% CI)		
<div>⊕○○○</div> <div>VERY LOW CRITICAL not serious not serious very serious ^dnone 30 34 2 ^k</div> <div>SMD 0.38 SD lower (1.12 lower to 0.35 higher)</div>											
Change in Reaction to problem behaviour randomised trials serious ^b											
<div>not serious serious ^cvery serious ^dnone 71 81 SMD 0.1 SD lower (0.66 lower to 0.45 higher) ⊕○○○</div> <div>VERY LOW CRITICAL 2 ⁱ</div>											

randomised trials serious ^b

CI: Confidence interval; SMD: Standardised mean difference

Explanations

- a. 1) Cristancho-Lacroix, 2015; 2) Hattink, 2015; 3) DuBenske, 2014; 4) Pagan-Ortiz, 2014; 5) Torkamani, 2014.
- b. Serious concerns regarding risk of bias.
- c. Serious concerns regarding clinical/methodological heterogeneity across studies due to differences in type and focus of e-technology interventions, length of intervention and informal caregiver population.
- d. The sample size is <300 and effect estimate is imprecise.

Multimedia Appendix 5. Detailed GRADE Evidence Tables

- e. 1) Beauchamp, 2005; 2) Núñez-Naveira, 2016; 3) Cristancho-Lacroix, 2015; 4) Hattink, 2015; 5) Nesbitt-Fowler, 2016; 6) Pagan-Ortiz, 2014; 7) Smith, 2012; 8) Hattink, 2016; 9) Kim, 2013.
- f. 1) McLaughlin, 2013; 2) Núñez-Naveira, 2016; 3) DuBenske, 2014; 4) Pierce, 2009.
- g. The effect estimate is imprecise.
- h. Smith, 2012
- i. Serious concerns for risk of bias and sample size <300.
- j. Beauchamp, 2005
- k. 1) Smith, 2012; 2) Pagan-Ortiz, 2014.
- l. 1) Kajiyama, 2013; 2) Cristancho-Lacroix, 2015.

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 2. GRADE table for web-based information or education interventions


Patient or population: Caregivers
Intervention: Web-based information or education
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education			
Change in Self-efficacy / Mastery	-	SMD 0.31 SD higher (0.08 higher to 0.53 higher)	299 (1 RCTs) ^a	⊕⊕⊕○ MODERATE _b	Assessed using 6-item self-efficacy (range: 6 to 42) on a 7-point type Likert scale. Higher scores indicating more feelings of competence.

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 2. GRADE table for web-based information or education interventions


Patient or population: Caregivers
Intervention: Web-based information or education
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education			
Change in Life Satisfaction	-	SMD 0.22 SD lower (0.5 lower to 0.06 higher)	201 (1 RCT) ^c	 VERY LOW ^{b,d} Assessed using 5-item Satisfaction with Life (range 1-35) Scale. Higher scores indicate better outcome.	

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 2. GRADE table for web-based information or education interventions

Patient or population: Caregivers
Intervention: Web-based information or education
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education			
Change in Reaction to problem behavior	-	SMD 0.35 SD lower (0.75 lower to 0.04 higher)	103 (1 RCT) ^e	 VERY LOW <small>b,d</small>	
				Assesses using 24-item Revised Memory and Behavior Problems Checklist (RMBPC, range; 0-96), CGs rate on a 5-point scale (0 = not at all; 4 = extremely) how much it 'bothered/up set' them.	

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 2. GRADE table for web-based information or education interventions

Patient or population: Caregivers
Intervention: Web-based information or education
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies) Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education			
Change in Caregiver Strain	-	SMD 0.32 SD lower (0.54 lower to 0.09 lower)	299 (1 RCT) ^f	⊕⊕⊕○ MODERATE _b	Assessed using Caregiver Strain Instrument, 14 self-report questions on a 5-point Likert scale, with answers ranging from 5 (strongly agree) to 0 (strongly disagree).

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: Confidence interval; SMD: Standardised mean difference

GRADE Working Group grades of evidence

- High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Quality assessment							N _o of patients		Effect	Quality	Importance
N _o of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education	Control	Absolute (95% CI)		
<p>not serious not serious not seriousnone 150 149 SMD 0.31 SD higher (0.08 higher to 0.53 higher) ⊕⊕⊕○ MODERATECRITICAL 1^a</p> <p>Change in Self-efficacy / Mastery</p>											
Change in Life Satisfactionrandomised trials serious ^b											
<p>very serious^dnone 104 97 SMD 0.22 SD lower (0.5 lower to 0.06 higher) ⊕○○○ VERY LOW CRITICAL not serious 1^c</p> <p>not serious</p>											

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							No of patients		Effect	Quality	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education	Control	Absolute (95% CI)		
Change in Reaction to problem behaviour randomised trials serious b											
<div>⊕○○○</div> <div>VERY LOW CRITICAL not serious not serious very serious dnone 46 57 1 e</div> <div>SMD 0.35 SD lower (0.75 lower to 0.04 higher)</div>											
Change in Caregiver Strain randomised trials serious b											
<div>not serious not serious not serious none 150 149 SMD 0.32 SD lower (0.54 lower to 0.09 lower) ⊕⊕⊕○</div> <div>MODERATE CRITICAL 1 f</div>											

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education	Control	Absolute (95% CI)		

randomised trials serious ^b

- CI: Confidence interval; SMD: Standardised mean difference
- Explanations
- a. Beauchamp, 2005
 - b. Serious concerns regarding risk of bias.
 - c. McLaughlin, 2013.
 - d. The sample size is <300 and effect estimate is imprecise.
 - e. Kajiya, 2013
 - f. Beauchamp, 2005

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 3: GRADE table for web-based information or education plus peer psychosocial support

Patient or population: Caregivers
Intervention: Web-based information or education plus peer psychosocial support
Comparison: Control

Outcomes Anticipated absolute effects* (95% CI)	No of participants (studies)		Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education plus Peer Psychosocial Support			
Change in Caregiver Burden	- SMD 0.17 SD higher (0.24 lower to 0.57 higher)	95 (2 RCTs) ^a	⊕○○○ VERY LOW ^{b,c}	Assessed using 1-item scale in one study and 22-item Zarit Burden Interview (Zarit) in the other study with a total range of 0 to 88, higher scores indicate greater burden.	

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 3: GRADE table for web-based information or education plus peer psychosocial support


Patient or population: Caregivers
Intervention: Web-based information or education plus peer psychosocial support
Comparison: Control

Outcomes Anticipated absolute effects* (95% CI)	No of participants (studies)		Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education plus Peer Psychosocial Support			
Change in Self-efficacy / Mastery	- SMD 0.14 SD higher (0.41 lower to 0.69 higher)	156 (3 RCTs) ^d	⊕○○○ VERY LOW ^{b,c} Assessed using 7- item Short Sense of Competence Questionnaire (range: 7 to 35), Revised Scale for Caregiving Self- Efficacy (RSCS, range: 0 to 100) and Caregiver Competence Scale (range: 0 to 16).		

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 3: GRADE table for web-based information or education plus peer psychosocial support

Patient or population: Caregivers
Intervention: Web-based information or education plus peer psychosocial support
Comparison: Control

Outcomes Anticipated absolute effects* (95% CI)	No of participants (studies)		Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education plus Peer Psychosocial Support			
Change in Life Satisfaction	-	SMD 0.08 SD higher (0.43 lower to 0.58 higher)	61 (1 RCT) ^e	 VERY LOW _{b,c} Assessed using Revised Caregiving Satisfaction Scale, 6 items, range 0-30, higher scores in the RCSS indicate more feelings of satisfaction.	

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 3: GRADE table for web-based information or education plus peer psychosocial support

Patient or population: Caregivers
Intervention: Web-based information or education plus peer psychosocial support
Comparison: Control

Outcomes Anticipated absolute effects* (95% CI)	No of participants (studies)		Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education plus Peer Psychosocial Support			
Change in Reaction to problem behavior	-	SMD 0.22 SD higher (0.34 lower to 0.78 higher)	49 (1 RCT) ^f	⊕○○○ VERY LOW <small>b,c</small> Assessed using Revised Memory and Behavior Problems Checklist (RMBPC) with 24 problems on 2 scales. A global score ranging from 0 to 4 was calculated for both scales.	

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; SMD: Standardised mean difference

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Table 3: GRADE table for web-based information or education plus peer psychosocial support

Patient or population: Caregivers

Intervention: Web-based information or education plus peer psychosocial support

Comparison: Control

Outcomes Anticipated absolute effects* (95% CI)	№ of participants (studies)		Quality of the evidence (GRADE)	Comments	
	Risk with Control	Risk with web-based Information or Education plus Peer Psychosocial Support			

GRADE Working Group grades of evidence

High quality: We are very confident that the true effect lies close to that of the estimate of the effect

Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Quality assessment							No. of patients		Effect	Quality	Importance
No. of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Peer Psychosocial Support	Control	Absolute (95% CI)		
not serious not serious very serious none							46	49	SMD 0.17 SD higher		
(0.24 lower to 0.57 higher)							⊕○○○				
VERY LOW CRITICAL 2 ^a											

Change in Caregiver Burden

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Peer Psychosocial Support	Control	Absolute (95% CI)		
Change in Self-efficacy / Mastery randomised trials serious ^b											
not serious											
Change in Life Satisfaction randomised trials serious ^b											
VERY LOW CRITICAL not serious not serious very serious ^c none 30 31 1 ^e											

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Peer Psychosocial Support	Control	Absolute (95% CI)		
Change in Reaction to problem behaviour randomised trials serious ^b											
not serious not serious very serious ^c none 25 24 SMD 0.22 SD higher (0.34 lower to 0.78 higher) ⊕○○○ VERY LOW CRITICAL 1 ^f											

randomised trials serious^b

CI: Confidence interval; SMD: Standardised mean difference

Explanations

- a. 1) Cristancho-Lacroix, 2015; 2) Hattink, 2015.
- b. Serious concerns regarding risk of bias.
- c. The sample size is <300 and effect estimate is imprecise.
- d. 1) Cristancho-Lacroix, 2015; 2) Hattink, 2015; 3) Núñez-Naveira, 2016.
- e. Núñez-Naveira, 2016

Multimedia Appendix 5. Detailed GRADE Evidence Tables

f. Cristancho-Lacroix, 2015

Table 4. GRADE table for web-based information or education plus professional psychosocial support

Outcomes		
Patient or population: Caregivers Intervention: Web-based information or education plus professional psychosocial support Comparison: Control		
Anticipated absolute effects* (95% CI) N _o of participants (studies)	<div>Risk with Control</div> <div>Risk with Internet-based Information or Education plus Professional Psychosocial Support</div> <div>- SMD 1.2 SD higher (0.48 higher to 1.92 higher)</div>	
*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI). CI: Confidence interval; SMD: Standardised mean difference		
GRADE Working Group grades of evidence High quality: We are very confident that the true effect lies close to that of the estimate of the effect Moderate quality: We are moderately confident in the effect		

Table 4. GRADE table for web-based information or education plus professional psychosocial support

Outcomes											
Patient or population: Caregivers											
Intervention: Web-based information or education plus professional psychosocial support											
Comparison: Control											
Anticipated absolute effects* (95% CI) N _o of participants (studies)		Risk with Control									
		Risk with Internet-based Information or Education plus Professional Psychosocial Support									
		- SMD 1.2 SD higher (0.48 higher to 1.92 higher)									

Quality assessment							Nº of patients		Effect	Quality	Importance
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Professional Psychosocial Support	Control	Absolute (95% CI)		
Change in Self-efficacy / Mastery											
1 ^a	randomised trials	serious ^b	not serious	not serious	very serious ^c	none	18	18	SMD 1.2 SD higher (0.48 higher to 1.92 higher)	⊕○○○ VERY LOW	CRITICAL

Confidence interval; **SMD**: Standardised mean difference

Table 4. GRADE table for web-based information or education plus professional psychosocial support

Outcomes		
Patient or population: Caregivers		
Intervention: Web-based information or education plus professional psychosocial support		
Comparison: Control		
Anticipated absolute effects* (95% CI) N _e of participants (studies)	Risk with Control	
	Risk with Internet-based Information or Education plus Professional Psychosocial Support	
	- SMD 1.2 SD higher (0.48 higher to 1.92 higher)	

Table 5. GRADE table for web-based information or education plus peer and professional psychosocial support

Patient or population: Caregivers
Intervention: Web-based information or education plus professional psychosocial support
Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality of the evidence (GRADE)	Comments
	Risk with Control	Risk with web-based Information or Education plus Peer & Professional Psychosocial Support				
Change in Caregiver Burden	-	SMD 0.03 SD lower (0.57 lower to 0.5 higher)	-	184 (3 RCTs) ^a	⊕○○○ VERY LOW _{b,c}	Assessed using 22-item Zarit Burden Interview (Zarit) with a total range of 0 to 88 in two studies & Caregiver Quality of Life (CQOLC) Burden Subscale (10 Likert-type items) in one study.
Change in Self-efficacy / Mastery	-	SMD 0.52 SD higher (0.1 higher to 0.94 higher)	-	92 (3 RCTs) ^d	⊕○○○ VERY LOW ^e	Assessed using 9-item Pearlin Mastery Scale with range 9 to 30 in two studies and the General Self-Efficacy scale with 8-items on a 1 to 5 scale (range 8 to 40) in one study.
Change in Life satisfaction	-	SMD 0.24 SD lower (0.7 lower to 0.22 higher)	-	73 (1 RCT) ^f	⊕○○○ VERY LOW _{b,c}	Assessed using Satisfaction with Life Scale, 5 items rated on a scale from 1 to 7 (range 1 to 35).
Change in Self-esteem	-	SMD 0.85 SD higher (0.12 higher to 1.57 higher)	-	32 (1 RCT) ^g	⊕○○○ VERY LOW ^e	Assessed using 10-item Rosenberg Self-Esteem Scale, Scores may range from 10 to 4. Higher scores indicated greater self-esteem.
Change in Social support	-	SMD 0.38 SD lower (1.12 lower to 0.35 higher)	-	64 (2 RCTs) ^h	⊕○○○ VERY LOW _{b,c}	Assessed using 6-item Lubben Social Network Scale (range: 5 to 11) in one study and 11-item Medical Outcomes Study Social Support Survey (range: 9 to 30) in the other study. Higher scores are better.

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; SMD: Standardised mean difference

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Peer & Professional Psychosocial Support	Control	Absolute (95% CI)		
Change in Caregiver Burden											
3 ^a	randomised trials	serious ^b	not serious	not serious	very serious ^c	none	86	98	SMD 0.03 SD lower (0.57 lower to 0.5 higher)	⊕○○○ VERY LOW	CRITICAL
Change in Self-efficacy / Mastery											
3 ^d	randomised trials	serious ^b	not serious	not serious	very serious ^e	none	45	47	SMD 0.52 SD higher (0.1 higher to 0.94 higher)	⊕○○○ VERY LOW	CRITICAL
Change in Life satisfaction											
1 ^f	randomised trials	serious ^b	not serious	not serious	very serious ^c	none	36	37	SMD 0.24 SD lower (0.7 lower to 0.22 higher)	⊕○○○ VERY LOW	CRITICAL
Change in Self-esteem											
1 ^g	randomised trials	serious ^g	not serious	not serious	very serious ^e	none	15	17	SMD 0.85 SD higher (0.12 higher to 1.57 higher)	⊕○○○ VERY LOW	CRITICAL
Change in Social support											
2 ^h	randomised trials	serious ^b	not serious	not serious	very serious ^c	none	30	34	SMD 0.38 SD lower (1.12 lower to 0.35 higher)	⊕○○○ VERY LOW	CRITICAL

Multimedia Appendix 5. Detailed GRADE Evidence Tables

CI: Confidence interval; **SMD:** Standardised mean difference

Explanations

- a. 1) DuBenske, 2014; 2) Pagan-Ortiz, 2014; 3) Torkamani, 2014.
- b. Serious concerns regarding risk of bias.
- c. The sample size is <300 and effect estimate is imprecise.
- d. 1) Smith, 2012; 2) Pagan-Ortiz, 2014; 3) Nesbitt-Fowler, 2016.
- e. Serious concerns for risk of bias and sample size <300.
- f. Pierce, 2009
- g. Smith, 2012
- h. 1) Smith, 2012; 2) Pagan-Ortiz, 2014.

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Table 6. GRADE table for web-based information or education plus professional psychosocial support plus electronic monitoring

Patient or population: Caregivers

Intervention: Technology (web + telephone: Monitoring + Peer & Professional psychosocial support)

Comparison: Control

Outcomes	Anticipated absolute effects* (95% CI)		No of participants (studies)	Quality of the evidence (GRADE)	Comments
	Risk with Control	Risk with web-based Information or Education plus Professional Psychosocial Support plus Electronic Monitoring			
Change in Self-efficacy / Mastery	-	SMD 0.17 SD higher (0.52 lower to 0.87 higher)	32 (1 RCT) ^a	⊕○○○ VERY LOW <small>b,c</small>	Assessed using Caregiver Competence Scale, with a maximum score of 16 points and higher scores indicating more feelings of competence.

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; SMD: Standardised mean difference

GRADE Working Group grades of evidence

High quality: We are very confident that the true effect lies close to that of the estimate of the effect

Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Multimedia Appendix 5. Detailed GRADE Evidence Tables

Quality assessment							№ of patients		Effect	Quality	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Web-based Information or Education + Professional Psychosocial Support + Electronic Monitoring	Control	Absolute (95% CI)		
Change in Self-efficacy / Mastery											
1 ^a	randomised trials	serious ^b	not serious	not serious	very serious ^c	none	17	15	SMD 0.17 SD higher (0.52 lower to 0.87 higher)	⊕○○○ VERY LOW	CRITICAL

CI: Confidence interval; SMD: Standardised mean difference

Explanations

- a. Hattink, 2016
- b. Serious concerns regarding risk of bias.
- c. The sample size is <300 and effect estimate is imprecise.